

S/001/035
S/027/024*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>David Penney</u> C. Date of Delivery <u>11-29-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
1. Article Addressed to: DAVID PENNEY 2400 E 30 S BOX 312 BEAVER UT 84713-0312		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
JB DOGM S/001/035 & S/027/024		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <u>11/16/05</u> (Transfer from service label)		7002 0510 0003 8603 2700	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1035	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
JB DOGM S/001/035 & S/027/024	
Postage \$	FINAL EXTENSION
Certified Fee	Postmark Here
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
Sent To DAVID PENNEY - Street, Apt. No., or PO Box No. 2400 E 30 S BOX 312 City, State, ZIP+4 BEAVER UT 84713-0312	
PS Form 3800, January 2001 See Back for Instructions	